

DEPT. OF TRANSPORTATION PERSONNEL STAFF

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SAM CALLEJO COMPTROLLER

MARY PATRICIA WATERHOUSE
DEPUTY COMPTROLLER

STATE OF HAWAII DEPARTMENT OF ACCOUNTING AND GENERAL SERVICES

P. O. BOX 119 HONOLULU, HAWAII 96810-0119

October 10, 1996

COMPTROLLER'S MEMORANDUM 1996-32

TO:

All Directors

ATTN:

Personnel and Payroll Staff

FROM:

Sam Callejo, Comptroller

SUBJECT:

Transfer of Audit Function of State DPS Form 7 and Form G-2

This memorandum supersedes Comptroller Memorandum No. 1996-31.

As of November 1, 1996, the Department of Accounting and General Services, Central Payroll Section ("DAGS/CPS") will no longer audit the State DPS Form 7, Attendance and Leave Record, and the accompanying Form G-2, Application for Transfer of Vacation and Sick Leave Credit or Payment in Lieu of Vacation. Each department will continue to be responsible for certifying the transfers and payments with no further regular review from DAGS/CPS.

DAGS/CPS and Department of Human Resources Development's, Administrative and Audit Division ("DHRD/AAD") staff will jointly conduct random post-audits of payments and associated leave records. Departments will be required to make appropriate payroll adjustments, correct discrepancies found during these audits, and recover any overpayments.

To assist in this transfer of responsibilities, DAGS/CPS and DHRD/AAD staff have developed procedures which will be issued by DHRD and will be effective November 1, 1996.

Should your staff have any questions, please have them contact Claire Fukuji, our Central Payroll Supervisor, at 586-0629.

JAMES H. TAKUSHI

JAMES C. KIRCHHOFER

STATE OF HAWAII DEPARTMENT OF HUMAN RESOURCES DEVELOPMENT

235 S. BERETANIA STREET HONOLULU, HAWAII 96813-2437 October 14, 1996

TO:

All Directors

ATTN:

FROM:

SUBJECT:

James H. Takushi, Director James Walnut.

Procedures for T Procedures for Transfer of Audit Function of State DPS Form 7 and Form G-2

Comptroller's Memorandum No. 1996-32 provides that as of November 1, 1996, the Department of Accounting and General Services, Central Payroll Section ("DAGS/CPS") will no longer audit the State DPS Form 7, Attendance and Leave Record, and the accompanying Form G-2, Application for Transfer of Vacation and Sick Leave Credit or Payment in Lieu of Vacation. Each department will continue to be responsible for certifying the transfers and payments.

The enclosed procedures, which have been developed jointly by DAGS/CPS and the Department of Human Resources Development's Administrative and Audit Division staff, will be effective as of November 1, 1996.

Should your staff have any questions, please contact Faye Tagawa, Administrative and Audit Division, at 587-1090.

Enclosure

c: The Honorable Charles T. Toguchi

PROCEDURES FOR COMPLETING AND PROCESSING ATTENDANCE AND LEAVE RECORDS

Instructions for Completing the Attendance and Leave Record, DPS Form 7

- 1. Type the employee's name on the top left corner and the current year in the space provided on the form. (Refer to Attachment A)
- 2. Determine and post all holidays and days off. (Refer to Attachment A)
- 3. For on-going employees, post the beginning balances (balances forward) of vacation and sick leave credits. The vacation leave balance cannot exceed 720 hours at the end of each calendar year. The beginning balances should be the same as the ending balances of the prior year. (Refer to Attachment B)
- 4. The beginning balances for employees who are transferring within departments and between departments are the accrued leave balances from the audited G-2 or the authorized forms used by the counties of Honolulu, Hawaii, Kauai and Maui.
- 5. Post the hours worked above the dotted line of the block on the Attendance and Leave Record form. Post any leave taken below the dotted line of the block. The total hours per day should equal the number of hours the employee is scheduled to work. (Example: For a full-time employee, the total hours per day should equal eight (8) hours.) (Refer to Attachment B)
- 6. At the end of each month, add up the total hours of vacation leave(s) taken and post the total in the "Vac Hrs" Used column. Then add up the total hours of sick leave(s) taken and post the total in the "Sick Hrs" Used column. (Refer to Attachment B)
- 7. Calculate the number of vacation/sick hours earned for the month and post it in the "Vac Hrs" Earned and "Sick Hrs" Earned columns. (Refer to Attachment B)
- 8. Total the vacation and sick leave balances for the month:

Vac Hrs Bal Fwd

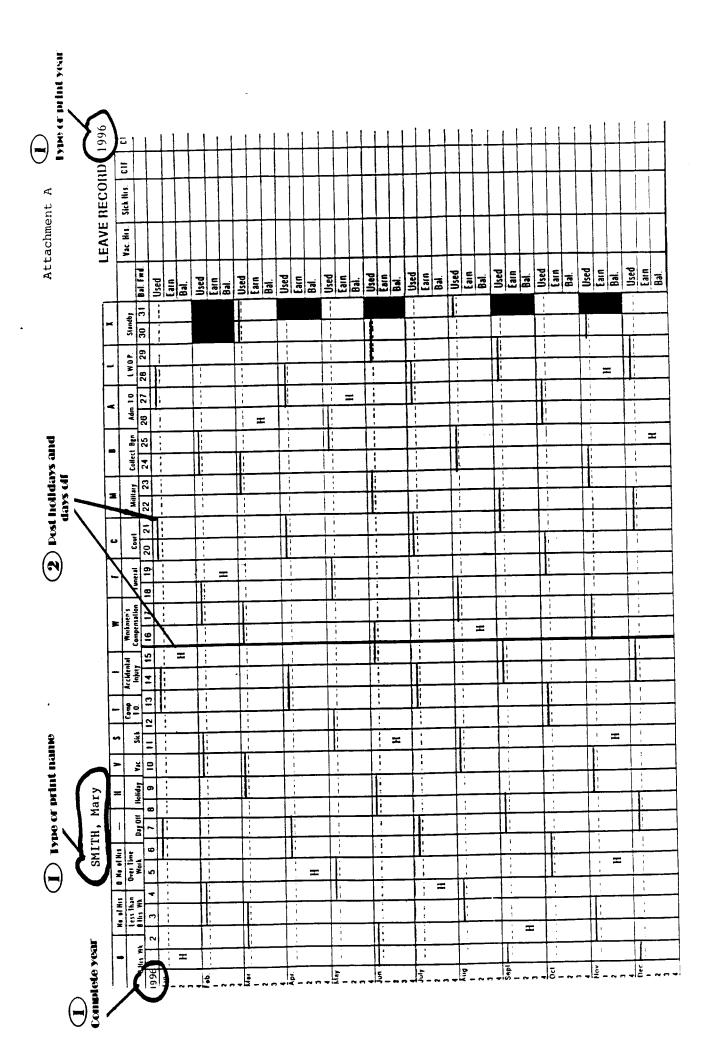
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- + Vac Hrs Earned

New Vac Hrs Bal

Sick Hrs Bal Fwd

- Sick Hrs Used
- + Sick Hrs Earned

New Sick Hrs Bal



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A Checklist for Completing the Attendance and Leave Record, DPS Form 7

- 1. **Refer** to the applicable bargaining unit contracts, administrative rules and executive orders to determine the employee's eligibility for leave benefits.
- 2. Continue to report those employees who are <u>not covered</u> by FLSA or who are <u>exempted</u> from the hours of work, overtime and minimum wage provisions of the FLSA.
- 3. Use only the leave codes established by the Department of Human Resources Development, Administrative & Audit Division. Attached is a list of leave codes. (Refer to Attachment C)
- 4. All G-1s should be submitted and posted in a timely manner especially when reporting leaves without pay to avoid overpayments to the employee.
- 5. Inform each employee of his or her leave balances prior to the end of the calendar year.
- 6. Leave records must be reviewed **annually** to ensure **completeness** and **accuracy**.

Common Types of Errors to Avoid when Posting on the DPS Form 7

- 1. It is considered incomplete posting when the employee's actual hours worked are not posted on the form. (Example: Enter *8* or the employee's actual hours worked on the form.) (Refer to Attachment B)
- 2. The alpha codes which signifies "S" for sick leave and "V" for vacation leave is incomplete. The leave description and hours should be reported. (Example: "S8" or "V4")
- 3. The errors made most often involves:
 - a. careless addition and subtraction of leave credits.
 - b. calculating leave credits accrued and
 - c. work days not posted
- 4. The posting on the Form 7 does not match the close of business (cob) date and the OFIS separation date reported on the form G-2.

ABBREVIATIONS USED FOR POSTING ON ATTENDANCE AND LEAVE FORM

<u>Code</u>	<u>Description</u>
Α	ADMINISTRATIVE TIME OFF (declared by the Governor)
В	COLLECTIVE BARGAINING
C	COURT OR JURY DUTY LEAVE
F	FUNERAL LEAVE
FLL	FAMILY LEAVE - LEAVE WITHOUT PAY
FLS	FAMILY LEAVE - SICK LEAVE
FLT	FAMILY LEAVE - COMPENSATORY TIME OFF
FLV	FAMILY LEAVE - VACATION
Н	HOLIDAY
1	ACCIDENTAL INJURY LEAVE
K	STRIKE
L	LEAVE WITHOUT PAY
Μ	MILITARY LEAVE
MTL	MEDICAL TREATMENT LEAVE
0	OVER TIME WORKED
T	COMPENSATORY TIME OFF
V	VACATION LEAVE
VLD	VACATION LEAVE DONATED
VLR	VACATION LEAVE RECEIVED
W	WORKERS' COMPENSATION
X	STANDBY

These codes and descriptions are commonly utilized on the DPS-7 and should be used in conjunction with the hour(s) of leave(s) taken.

Instructions for Completing the Application for Transfer of Vacation and Sick Leave Credit or Payment in Lieu of Vacation, Form G-2

Types of Personnel Actions Requiring the Preparation of Form G-2:

- 1. Interdepartmental movements
- 2. Changes in funding (i.e. General to Special; General to Federal; Federal to Special, etc.)
- 3. Separations from service (i.e. Resignations; Retirements; Terminations, etc.)

Complete top portion of the form with employee information taken from the certified Form 5, which reports the separation action. (NOTE: The effective date must match the close of business (cob) date on the Leave Record.) (Refer to Attachment D)

Section A

- 1. Check the box to report by HOURS.
- 2. Complete the appropriate year for items 1 through 5.
- 3. Complete the employee's Leave Credits for items 1 through 5 by obtaining the cumulative balances from the most current leave record.
- 4. The employee's signature is required; however, if the employee is not available for signature, department should type in the space provided "Unavailable for Signature".

Section B

- 1. Check the applicable box for Payment or Transfer.
- 2. If the employee is transferring his or her leave credits, complete the blanks.
- 3. The Department Head or Designee must sign and date the form.
- 4. The employee's signature is required; however, if the employee is not available for signature, department should type in the space provided "Unavailable for Signature".

NOTE: For TAOL and **Provisional* employees, vacation and sick leave credits are forfeited at the end of their appointments. The G-2 and leave record form(s) are audited only for record purposes. Type below the second box "FOR RECORD PURPOSES ONLY". (Refer to Attachment M)

*If upon termination of provisional appointment, the employee receives a probationary, limited-term or permanent appointment in the same position, the employee shall be credited with leaves earned and accrued during the provisional

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INSTRUCTIONS: FURNISH SIGNED AND APPROVED COPIES OF FORM G-2, STATE DPS FORM 7(FOR LATEST FIVE (5) YEARS).
AND SUMMARY WARRANT VOUCHERS (IF APPLICABLE) TO THE STATE COMPTROLLER (CENTRAL PAYROLL)

FORM G2 REV. 7/74

APPLICATION FOR TRANSFER OF VACATION A LEAVE CREDIT OR PAYMENT IN LIEU OF VA	ND SICK	_	03
DEPARTMENT Budget & Finance	\subset	March 15	, 1996
EMPLOYEE 33 NO 456-78-9101 POSITION NUMBER EMPLOYEE NAME LAST CLOONEY, GEORGE	WIDDLE : MITTA) () () () () () () () () () (014
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REPORTED BY: DAYS	X HOURS	VACATION	3,00
1 ACCUMULATIVE BALANCE REMAINING AS OF DECEMBER 31, 1995	-	84.00	168.00
2 LEAVE CREDITS EARNED FROM JANUARY 1, 1996 DATE OF ACTION	-	36.00	36.00
3 LEAVE TAKEN FROM JANUARY 1, 1996 DAIE OF ACTION	RFEIT	120.00	0.00
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INSTRUCTIONS
FURNISH SIGNED AND APPROVED COPIES OF FORM G-2, STATE DPS FORM 7(FOR LATEST FIVE (5) YEARS), AND SUMMARY WARRANT VOUCHERS (IF APPLICABLE) TO THE STATE COMPTROLLER (CENTRAL PAYROLL) FORM G7

appointment. If the employee does not receive a probationary, limited-term or permanent appointment, the vacation leave credits are automatically forfeited.

Section C - To be completed only if requesting payment for vacation in excess of the maximum.

- 1. Check the box for **Payment**.
- 2. Department Head or Designee and Employee must sign and date the form.
- 3. Additional supporting documents:
 - a) Letter/Memo to State Comptroller to request payment for vacation in excess of maximum.
 - b) Audited G-2 (audit by departments). NOTE: DO NOT DISBURSE THE FORM
 - c) Form G-1 or other supporting document (e.g. letter/memo stating the period of vacation leave requested and a statement from the appointing authority denying the request for vacation leave).
 - d) Transmit all of the above mentioned documents to the State Comptroller for review and approval.

A Checklist for Completing the Application for Transfer of Vacation and Sick Leave Credit or Payment in Lieu of Vacation, Form G-2

- 1. Check the form for completeness (including required signatures) and accuracy.
- 2. Audit the Leave Records.
- 3. Signature of the Department Head or Designee is required for all actions.
- 4. The department is required to make the appropriate distribution.

Common Types of Errors to Avoid when Completing the Form G-2

- 1. Departments fail to zero out (0) any vacation leave(s) earned and report the leave balance on the form G-2 for employees who are to forfeit the leave. (Example: A TAOL employee who separates or terminates from service should automatically forfeit his or her vacation leave(s) earned; however, department reports the leave balance on the form G-2 for payment.)
- 2. Balances reported on the form do not match the balances found on the leave Form 7 due to mathematical errors or carelessness.
- 3. The form is not signed by the Department Head or authorized Designee.
- 4. The form is not signed by the Employee or left blank.
- 5. Many discrepancies are found on the form G-2 (e.g. the information reported on the form G-2 does not match OFIS information such as employee's SSN, position number, BU and close of business (cob) date).
- 6. Departments fail to indicate the type of action taken (e.g. transfer or payment).
- 7. The Uniform Accounting Code (UAC) is missing on the form G-2.

Distribution of the Audited G-2 and DPS Form 7

Applicable to Section A & B

- 1. Original Copy of audited G-2
 - If payment of vacation credits, send to departmental payroll clerk. Payroll continues to process payments in the same manner.
 - If transfer of vacation/sick credits, send to departmental fiscal office.
 - If only for the purpose of auditing the record, file all copies of the form in the employee's folder.
- 2. Copy #2 of audited G-2 Transferring Dept. or Receiving Dept.
- 3. Copy #3 of audited G-2 Employee Personnel Folder file in employee's folder with the audited Forms 7.
- 4. Copy #4 of audited G-2 Employee's Copy send to employee.
- 5. Copy #5 of audited G-2 Transferring Dept. or Receiving Dept.
- 6. Copy made for transmittal to the Employees' Retirement System if Copy #5 is sent to the transferring or receiving department.

Applicable to Section C

- 1. Original Copy with State Comptroller's approved letter/memo send to departmental payroll clerk.
- 2. Copy #2 of audited G-2 Transferring Dept. or Receiving Dept.
- 3. Copy #3 of audited G-2 Employee Personnel Jacket file in employee's folder with the audited Forms 7.
- 4. Copy #4 of audited G-2 Employee's Copy send to employee.
- 5. Copy #5 of audited G-2 Transferring Dept. or Receiving Dept.
- 6. Copy made for transmittal to the Employees' Retirement System if Copy #5 is sent to the transferring or receiving department.

Movements within the Executive Branch

1. Types of appointments where VL credits are forfeited and SL credits are transferred:

TAOL to TAOL
TAOL to Probational Appointment
TAOL to Provisional Appointment
TAOL to Exempt Appointment
Provisional Appointment to TAOL

2. Types of appointments where VL credits and SL credits are transferred:

Permanent (regular status) to Permanent (regular status) on loan to another department Permanent (regular status) to Exempt Appointment - within department or within the Executive Branch

Permanent (regular status) to Provisional Appointment

Provisional Appointment to LTA - appointment must be made to same position Provisional Appointment to Probationary Appointment - must be made to same position

Provisional Appointment to Permanent Appointment - must be made to same position

LTA to Emergency Appointment (appointment within 7 calendar days) to Probational Appointment

3. Types of appointments where VL credits are paid and SL credits are transferred:

Movement to DOE Certificated Movement to UH BOR/APT appointment LTA to Provisional Appointment - not appointed to same position

Movements from the Executive Branch to Other Jurisdictions

Vacation and sick leave credits are transferred provided that the position the employee is moving to is one in which vacation and sick leave credits are accrued. *The employee may request and receive payment for all of the employee's vacation credits accumulated up to the effective date of the movement.

The jurisdictions are: The Judiciary, State Legislature - Senate/House, Legislative Auditor, Legislative Reference Bureau, State Ethics Commission, Ombudsman's Office, OHA and the City & County of Honolulu, Counties on Hawaii, Maui and Kauai.

^{*}Refer to Title 14 Administrative Rules, Chapter 14-8-9(i)(5)

COMPLETED FORM 7

SAMPLES

Attachment F

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COMPLETED FORM G-2

SAMPLES

	APPLICATION FO LEAVE CREDIT	R TRANSFE OR PAYME	R OF VACATI NT IN LIEU O	ON AND SICK F VACATION	C	BU 13
FORM NO	DEPARIMEN! Health				September	
EMPLOYEE \$ \$ NO 123-45-6789	POSITION NUMBER EMPLOYEE	CLINTON,	WILLIA	MIODLE :NI	TIA.	PAYROLL NUMBER HO5
SECTION A			ICHECK ONE		(BY DAYS O	LEAVE CREDITS DR HOURS TO) MAL POINTS) SICK
		APRIL 30,	REPORTED BY:	DAYS X HOURS	VACATION	
ACCUMULA!	TIVE BALANCE REMAINING AS C	of decembergy,	. 19 <u>96</u>		0.00	192.00
2 LEAVE CRED	ITS EARNED FROM	MAY 1,	19 96 TO EFFECTIVE	N	42.00	42.00
3 LEAVE TAKEN	N FROM	MAY 1,	19 96 TO EFFECTIVE	2	40.00	230.00
4 BALANCE RE	MAINING AT EFFECTIVE DATE C	F ACTION			2.00	4.00
E	CCUMULATION ALLOWED AT		R 31, 19			
MAXIMOM A	CATION IN EXCESS OF MAXIMUI					
			HEREBY CONCUR AND A			
		-		JURE OF APPLICANT OF AUT	HORIZED AGENT	
TRANSFER O	OR VACATION EARNED AT TERMI F VACATION AND SICK LEAVE C FARTMENT OR COUNTY TILLE	NATION OF SERVEREDITS AND/OR		VACATION CREDIT	TS	NG CODE
	(REC EIVING)	Lf	HEREBY CERTIFY THAT I NEAVE CREDITS AGAINST THE STATE GO	THE DEPARTMENT FROM	WHICH I AM BEIN	NG TRANSFERRED
APPROVED	Dean W. Kasey		glilla	dator)	
APPROVED	SIGNATURE OF DEPARTMENT HEAD		\$1GNA	TURE OF APPLICANT OR AUT	HORIZED AGENT	
	DATE			4		
SECTION C						
PAYMENT FO	R VACATION IN EXCESS OF MA	XIMUM.				
EXISTING DURING THE P EMPLOYEE TO BE GRANT BY REASON OF SUCH	CCORDANCE WITH ACT 142, S.L. 1943, RECEDING CALENDAR YEAR, IT WAS IMPR ED ACCUMULATED VACATION LAPSED AN CONDITIONS: AND THAT NO VACATIO S BEEN ALLOWED OR TAKEN BY HIM	ACTICABLE TO ALLOW ID FORFEITED AT DECE IN LEAVE IN ADDITIO	EMBER 31, 19 DN TO THE AMOUNT	I HEREBY CERTIFY THE CLAIM FOR THE ABO EXCESS OF THE MAX PAID:	VE VACATION A	LLOWANCE, IN
	DEPARIMENT HEAD			SIGNATURE OF APP	LICANT OR AUTHO	RIZED AGENT
	DATE				DATE	

INSTRUCTIONS: FURNISH SIGNED AND APPROVED COPIES OF FORM G-2, STATE DPS FORM 7(FOR LATEST FIVE (5) YEARS), AND SUMMARY WARRANT VOUCHERS (IF APPLICABLE) TO THE STATE COMPTROLLER (CENTRAL PAYROLL)

APPLICATION FOR TRANSFER OF VACATION AND SICH LEAVE CREDIT OR PAYMENT IN LIEU OF VACATION	_	u 01
Transportation - Highways Division	December	20, 1996
EMPLOYEE 35 NO 345-67-8910 2630 EMPLOYEE NAME LAST PART D.	ITAL	D41
SECTION A (CHECK ONE BOX ONLY) REPORTED BY: DAYS X HOURS	/ BY DAYS O	EAVE CREDITS R HOURS TO) MAL POINTS) SICK
	400.00	240.00
ACCUMULATIVE BALANCE REMAINING AS OF DECEMBER 31, 1995	164.00	164.00
LEAVE CREDITS EARNED FROM JANUARY 1, 1990 DATE OF ACTION	164.00	
3 LEAVE TAKEN FROM JANUARY 1, 1996 DATE OF ACTION	498.00 66.00	338.00
4 BALANCE REMAINING AT EFFECTIVE DATE OF ACTION		66.00
5 MAXIMUM ACCUMULATION ALLOWED AT DECEMBER 31, 19		
6 EARNED VACATION IN EXCESS OF MAXIMUM ALLOWED.		
Unavailable for Signature of applicant or all	nature	AND SICK LEAVE.
DEPARTMENT OR COUNTY THE	NIFORM ACCOUNTIN	
I HEREBY CERTIFY THAT I WILL MAKE NO FURTHE LEAVE CREDITS AGAINST THE DEPARTMENT FROM OR AGAINST THE STATE GOVERNMENT FROM WHICH	I WHICH I AM BEIN	IG TRANSFERRED
APPROVED JANE Washington Unavailable for S.		
12-24-96		
DATE		
PAYMENT FOR VACATION IN EXCESS OF MAXIMUM. I HEREBY CERTIFY IN ACCORDANCE WITH ACT 142, S.L. 1943, THAT DUE TO EMERGENCY CONDITIONS EXISTING DURING THE PRECEDING CALENDAR YEAR, IT WAS IMPRACTICABLE TO ALLOW THE ABOVE NAMED EMPLOYEE TO BE GRANTED ACCUMULATED VACATION LAPSED AND FORFEITED AT DECEMBER 31, 19 BY REASON OF SUCH CONDITIONS, AND THAT NO VACATION LEAVE IN ADDITION TO THE AMOUNT REPORTED HEREON HAS BEEN ALLOWED OR TAKEN BY HIM ON ACCOUNT OF SUCH ACCUMULATED VACATION	OVE VACATION A XIMUM, FOR WHIG	LLOWANCE, IN CH I AM BEING
DEPARIMENT HEAD SIGNATURE OF A	PPLICANT OR AUTHO	RIZED AGEN!
DAIE	DATE	

INSTRUCTIONS: FURNISH SIGNED AND APPROVED COPIES OF FORM G-2, STATE DPS FORM 7(FOR LATEST FIVE (5) YEARS), AND SUMMARY WARRANT VOUCHERS (IF APPLICABLE) TO THE STATE COMPTROLLER (CENTRAL PAYROLL).

		APP LF	LICATION AVE CREDI	FOR TRANSF IT OR PAYM	ER OF	VACATION OF	N AND SIC VACATION	K (E	3U 03
(10	DRM NO	JEPARIMI	NI	neral Service				EFFECTIVE DATE	1996 28, 1996
	MPLOYEE 5 3 NO 34-56-7890	POSITION NI 1002		JONATHAN	,	FIRST WENDY	MIDDLE .	eiiA)	MO4
	CTION A							EMPLOYEE 5	LEAVE CREDITS
C	CHON	•			REPOR'	(CHECK ONE BO	_	(BY DAYS C TWO DECI	SICK
1	ACCUMULA	ATIVE BALANCE	REMAINING A	S OF DECEMBER 3	1, 19 <u>95</u>			720.00	500.00
2	LEAVE CRE	DITS EARNED F	ROM	JANUARY 1	. 19 <u>96</u>	TO EFFECTIVE DATE OF ACTION		84.00	84.00
3	LEAVE TAKE	N FROM		JANUARY I	1996	10 EFFECTIVE DATE OF ACTION		120.00	0.00
4	BALANCER	EMAINING AT E	FFECTIVE DAT	E OF ACTION				684.00	584.00
5	MAXIMUM	ACCUMULATION	N ALLOWED AT	DECEME	BER 31, 19				
6	EARNED VA	CATION IN EX	CESS OF MAXIA	AUM ALLOWED.					
				Į.	HEREBY CO	du A	PT THE ABOVE RECOR	han	AND SICK LEAVE.
SEC	PAYMENT FO	OR VACATION I		ERSIGNED HEREBY		APPLICATION F	OR:	-	
Х	to DO	OF VACATION A T-Airborts EPARIMEN: OR COUN (RECEIVING)	Division		G-421-	M INTING CODE	O	5-901-D	
APPR	POVED	Desjie 1 SIGNATURE (7-5-	Matoon DF DEPARIMENT HEA 910		EAVE CRED	ITS AGAINST THE THE STATE GOVER!	MAKE NO FURTHER DEPARTMENT FROM NMENT FROM WHICH OF APPLICANT OR AUT	WHICH + AM BEING TERM WALL W	G TRANSFERRED
		DA	'E			DAIE			
L HERE EXISTIN	EBY CERTIFY IN A NG DURING THE F NYEE TO BE GRANI ASON OF SUCH TED HEREON HA	PRECEDING CALEND TED ACCUMULATED N CONDITIONS: AN	H ACT 142, S.L. 194 AR YEAR, IT WAS IN VACATION LAPSED O THAT NO VACA	43. THAT DUE TO EMER	V THE ABOV EMBER 31, 1 DN TO THE	P AMOUNT	HEREBY CERTIFY TI LIAIM FOR THE ABO EXCESS OF THE MAX AID:	VE VACATION AL	LOWANCE, IN
-			DEPARIMENT HEAD			 -	SIGNATURE OF APP	LICANI OR AUTHORI	ZED AGENT
			DATE					DATE	/5) V 5 2 2 2 2
INIST	RUCTIONS	FURNISH SIGN	IED AND APPE	ROVED COPIES OF	FORM	i-z, STATE DPS	FORM 7(FOR	LATEST FIVE	(5) YEARS),

AND SUMMARY WARRANT VOUCHERS (IF APPLICABLE) TO THE STATE COMPTROLLER (CENTRAL PAYROLL)

FORM G7 REV 2/74